

BUTTE COUNTY PUBLIC HEALTH DEPARTMENT
Division of Environmental Health
202 Mira Loma Dr., Oroville, CA 95965
Telephone (530) 552-3880; Fax (530) 538-5339

PERMIT APPLICATION FOR TEMPORARY CLOSURE
UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK(S)

Name of Establishment: _____ Assessor's Parcel #: _____

Site Address/Location: _____

Mailing Address: _____

Tank Owner: _____ Telephone: _____

Tank Owner's Address: _____

Applicant's Name: _____ Telephone: _____

Mailing Address: _____ Email: _____

Closure Methods Proposed: _____

Proposed Disposition of Tank(s): _____

Closure Contractor: _____ Telephone: _____

Mailing Address: _____ License #: _____

Email: _____ License Type: _____

Workers' Compensation Declaration: I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
- I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of work for which this permit is issued. My workers' compensation insurance carrier and policy number are:
Carrier: _____ Policy Number: _____
(The above sections need not be completed if the permit is for work of a valuation of one hundred dollars (\$100) or less).
- I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature of Applicant DATE : _____

ATTACHMENTS TO BE INCLUDED: Closure Workplan Date Recd _____
Site Specific Health & Safety Plan Date Recd _____

PERMIT FEES: _____

CLOSURE FEES: _____

DEPARTMENT USE ONLY: Receipt No. _____ Date _____

Permit Issued _____ By _____ EXPIRATION DATE _____